

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034820

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 39 Primary Registration District No. 4505 Registrar's No. 29

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILE NO. 63-034820 a. COUNTY Stoddard b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shetley Nursing Home		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Reynolds c. CITY OR TOWN Ellington d. STREET ADDRESS 3 mi W of Ellington	
3. NAME OF DECEASED (Type or print) First Middle Last Leslie Glen Chitwood		4. DATE OF DEATH Month Day Year July 25, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-14-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Bushville, Ill	
13a. FATHER'S NAME William Allen Chitwood		13b. MOTHER'S MAIDEN NAME Lydia Harmon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ) No		17. INFORMANT Johnnie Chitwood	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CARDIAC DECOMPENSATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIOVASCULAR RENAL DISEASE DUE TO (c) MYOCARDIOSIS, ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 2 WKS 3 YRS 5 YRS?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL THROMBOSIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NATURAL	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. NONE	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7-23-63 to 7-23-63 and last saw him alive on 7-23-63 Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deedee or title) H. J. Moorebach, D.O.	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 7-27-1963	23c. NAME OF CEMETERY OR CREMATORY Memorial
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. 8/6/63	26. REGISTRAR'S SIGNATURE Bernice Moore
23d. LOCATION (City, town, or county) Ellington, Mo.		22c. DATE SIGNED 8-3-63	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas L. Leavitt

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.